

Michigan Department of State

**POLLING PLACE ACCESSIBILITY
AND TRAINING SURVEY**

COUNTY _____ ħ CITY or ħ TOWNSHIP of _____

City and Township Clerks: Return this form to your county clerk no later than **June 25, 2004**.

County Clerks: Return all forms no later than **June 30, 2004** to the Bureau of Elections, P.O. Box 20126, Lansing, MI 48901-0726. Attention: Amy Shell. Phone: (517) 373-2540.

- (1) **Are all of the polling places established in your city or township fully compliant with the polling place accessibility standards detailed on the Polling Place Accessibility Checklist?**

? YES ? NO

If you answered “NO,” enter the number of polling places that do not meet the accessibility standards:

Enter number of non-compliant polling places here: _____

Important: Attach a completed Polling Place Accessibility Checklist for each polling place established in your jurisdiction which does not meet the accessibility standards. There is no need to provide a completed Polling Place Accessibility Checklist for polling places which fully comply with the accessibility standards. Retain all Polling Place Accessibility Checklists completed for polling places that fully comply with the accessibility standards in your office until further notice.

- (2) **List the names and titles of the individuals responsible for administering elections in your city or township who have successfully completed the Department of State’s Election Officials’ Accreditation Program:**

Name

Title

If the city or township clerk’s name is not listed above, why has the clerk not attended the program?

(3) Are the election inspectors appointed to serve in your city or township trained through programs coordinated by your office or the county clerk's office?

- ? The election inspectors appointed in my city or township are trained through programs coordinated by my office.
- ? The election inspectors appointed in my city or township are trained through programs coordinated by the county clerk's office.

If the election inspectors appointed in your city or township are trained through programs coordinated through your office, list the names and titles of the individuals who conduct the training and indicate if each listed individual has attended the Department of State's "train the trainer" program developed for individuals involved in training election inspectors.

<i>Name</i>	<i>Title</i>	<i>Attended "train the trainer" program? (If "Yes," enter year attended.)</i>	
_____	_____	? Yes _____	? No _____
_____	_____	? Yes _____	? No _____
_____	_____	? Yes _____	? No _____
_____	_____	? Yes _____	? No _____

Date

Clerk's Signature

Email address

Phone

Fax